SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002572 (5)

1. Corporation Name

THE SINGLE SOLUTION OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
5440 MARINER ST. SUITE 208 TAMPA FL 33609	5440 MARINER ST. SUITE 208 TAMPA FL 33609

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business
21 5422 BAY CENTER DRIVE
Suite, Apt. #, etc
22 SUITE 210
City & State
23 TAMPA FL
Zip 24 33609 Country 25 U.S.A.

2a. Mailing Address
26 5422 BAY CENTER DRIVE
Suite, Apt. #, etc
27 SUITE 210
City & State
28 TAMPA
Zip 29 33609 Country 30 USA

4. FEI Number: 56-7935931 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUSSELL, CHARLOTTE S
5440 MARINER ST.
SUITE 208
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name: CHARLOTTE S. RUSSELL.
82 Street Address (P.O. Box Number is Not Acceptable): 5422 BAY CENTER DRIVE
83 SUITE 210
84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charlotte S. Russell PRESIDENT 7/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	RUSSELL, CHARLOTTE S		1.2 NAME	CHARLOTTE S. RUSSELL.
STREET ADDRESS	2109 BAYSHORE BLVD., #101		1.3 STREET ADDRESS	2911 PASSE CRILLE WAY
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-ST-ZIP	ST PETE. FL 33706
TITLE	TVD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BACHMANN, ~~KEITH A~~		2.2 NAME	KEITH IS NO LONGER
STREET ADDRESS	5732 ~~HARBORSIDE DR.~~		2.3 STREET ADDRESS	IN THE COMPANY.
CITY-ST-ZIP	~~TAMPA FL 33615~~		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlotte S. Russell 7/17/96 (813)282-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #